

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23281
Registrar's No. 5633

FILED AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: Missouri Pacific Hosp. Assn.
(d) Length of stay: In hospital or institution 2 days
In this community 2 days
years, months or days

3. (a) PRINT FULL NAME Walter Eyre Epperson
(b) If veteran, name war World War
(c) Social Security No. 702-18-5191

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
(b) Name of husband or wife Ferne Epperson
(c) Age of husband or wife if alive 40 years
7. Birth date of deceased March 6, 1897
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 2
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Engineer, Locomotive
11. Industry or business Mo. Pac. R. R. Co.

MOTHER FATHER
12. Name unk?
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name unk?
15. Birthplace unk?
(City, town, or county) (State or foreign country)

16. (a) Informant Ferne Epperson
(b) Address Pittsburg, Kans.
17. (a) Removal (b) Date thereof 7/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg, Kans.

18. (a) Signature of funeral director Robert I. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) 7/8/41 (b) J. F. Bruckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kans. (b) County Kansas
(c) City or town Pittsburg
(d) Street No. 602 So Olive St.
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8th
year 1941 hour 4:45 A. minute A. M.
21. I hereby certify that I attended the deceased from 7-6-41
to 7-8-41

that I last saw him alive on 7-7-41
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
Primary
Duration 4 weeks

Due to unk?
Due to unk?
Other conditions unk?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: unk?
Of operations unk?
Of autopsy unk?
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) unk?
(b) Date of occurrence unk?
(c) Where did injury occur? unk?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? unk?

While at work unk? (Specify type of place)
(c) Means of injury unk?
23. Signature unk? (M. D. or other) unk?
Address unk? Date signed 7-6-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 1941

FEB 4 1948

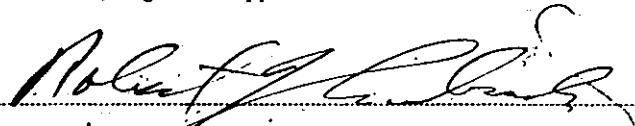
NOV 27 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.